

**Fill in this information to identify the case:**

Debtor name Armstead Risk Management, Inc.

United States Bankruptcy Court for the: Eastern District District of New York  
(State)

Case number (If known): 19-41489

☐ Check if this is an amended filing

**Official Form 206H****Schedule H: Codebtors****12/15**

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

**1. Does the debtor have any codebtors?**

- ☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
- ☒ Yes

**2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.**

Column 1: Codebtor			Column 2: Creditor	
Name	Mailing address		Name	Check all schedules that apply:
2.1 <u>Malik Armstead</u>	<u>2 Hassake Road</u> Street <u>Old Greenwich</u> <u>CT</u> <u>06870</u> City State ZIP Code			<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.2				<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.3				<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.4				<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.5				<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.6				<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

Debtor

Name

Case number (if known)

Additional Page if Debtor Has More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor			Column 2: Creditor	
Name	Mailing address		Name	Check all schedules that apply:
2.____ _____	Street _____ _____ City State ZIP Code		_____ _____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.____ _____	Street _____ _____ City State ZIP Code		_____ _____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.____ _____	Street _____ _____ City State ZIP Code		_____ _____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.____ _____	Street _____ _____ City State ZIP Code		_____ _____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.____ _____	Street _____ _____ City State ZIP Code		_____ _____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.____ _____	Street _____ _____ City State ZIP Code		_____ _____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.____ _____	Street _____ _____ City State ZIP Code		_____ _____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.____ _____	Street _____ _____ City State ZIP Code		_____ _____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G